

# Post-Course Evaluation Survey



Course Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Presenter: \_\_\_\_\_

1. Did this course achieve the stated objectives?  Yes  No

2. Did this course meet your objectives?

Exceeded objectives

Met objectives

Did not meet objectives

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How relevant was the course to your current work requirements?

Very relevant

Partly relevant

Not relevant

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How valuable do you believe the course will be to your future development?

Great value

Moderate value

Little value

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If asked, would you recommend this course to a colleague?

Definitely recommend

Probably recommend

Would not recommend

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. How effective was the method of instruction?

Very effective

Satisfactory

Ineffective

Other comments: \_\_\_\_\_

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7. How would you rate the overall course duration?

Just right

Too long

Too short

Other comments: \_\_\_\_\_

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8. Were the physical arrangements satisfactory?

Yes

No If No, please comment: \_\_\_\_\_

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9. What changes would you make to this course?

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10. What did you like most about this course?

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11. Any general comments you wish to make?

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**Thank you for your feedback!**